

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/807842

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		(1)		1		
5		(1)		1		
6		(1)		1		
7		(1)		1		
8		(1)		1		
9		(1)		1		
10		(1)		1		
11	1		1			
12		1		1		
13		2		2		
14		(1)		1		
15		(1)		1		
16		(1)		1		
17		(1)		1		
18	1		1			
19		1		1		
20		2		2		
21		(1)		1		
22		(1)		1		
23		(1)		1		
24		1		1		
25	1		1			
26		1		1		
27		2		2		
28		(1)		1		
29		(1)		1		
30		(1)		1		
31		1		1		
32			1			
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42			1			
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49			1			
50				1		
TOTAL IND.	4		7			
TOTAL DEP.	31		51			
TOTAL CLAIMS	35		58			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS